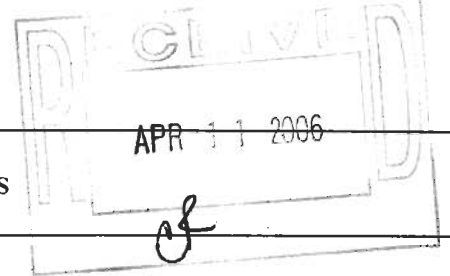


Arkansas Department of Environmental Quality
NPDES Branch, Water Division
P. O. Box 8913
Little Rock, AR 72219
(501) 682-0622



AFIN 31-00032

NOTICE OF INTENT
DISCHARGES FROM WATER TREATMENT PLANTS
GENERAL PERMIT ARG640000

ARG6400 78

1. Operator Information

Applicant (Operator) Name: <u>Stephen Nutt</u>	Name of Facility: <u>City of Lewisville</u>
Mailing address: <u>1708 Lafayette 25</u>	Physical Address: <u>330 W 1st</u>
Mailing city: <u>Lewisville</u> State: <u>AR</u> Zip: <u>71845</u>	City: <u>Lewisville</u> State: <u>AR</u> Zip: <u>71845</u>
Phone number: <u>(870) 921-4301</u>	
Fax number: <u>(870) 921-4434</u>	Applicant type (circle one): Private Federal <u>Public</u> State Corp
Email (optional): <u></u>	Other (describe): <u></u>

2. Invoice Mailing Information

Invoice Contact Person: <u>Stephen Nutt</u>	Invoice Mailing Address: <u>330 W. 1st</u>
Invoice Mailing Company: <u>N/A</u>	City: <u>Lewisville</u> State: <u>AR</u> Zip: <u>71845</u>
Telephone: <u>(870) 921-4971</u>	Email (optional): <u>N/A</u>

3. Owner Name (if different from operator):

City of Lewisville
Owner Address: 330 W. 1st
City: Lewisville State: AR Zip: 71845

4. Cognizant Official:

Steve Miller
Cognizant Title: Mayor
Cognizant Telephone: (870) 921-4971

5. Facility SIC Code: 4941

Type of business: Water Treatment Plant

6. Facility Location Information:

Latitude: 33 Degrees 21 Minutes 22 Seconds
Longitude: 93 Degrees 34 Minutes 49 Seconds
Accuracy: C Method: B Datum: U Scale: N
Description: outfall Point
Hydrologic Basin Code: 11140205
Section: 15 Township: 16S Range: 24W
County: Lafayette

OUTFALL INFORMATION

7. Outfall Type 101 (daily avg flow ≤ 0.5 MGD)

(a) Number of Outfalls of this type: 1

(b) Stream Segment: Steel Creek 1A

(c) Hydrologic Basin Code: 11140205

(d) Outfall Latitude: N 33° 21' 22" Longitude: W 93° 34' 49"
Accuracy: C Method: B Datum: U Scale: N
Description: outfall Point

(e) Section: 15 Township: 16S Range: 24W

(f) Receiving Stream: Bodeaux Creek

(g) Flow (actual or projected): .0035 MGD

(h) Type of treatment: Sand Filters

8. Outfall Type 102 (0.5 MGD < daily avg flow ≤ 1 MGD)

(a) Number of Outfalls of this type: None

(b) Stream Segment: N/A

(c) Hydrologic Basin Code: N/A

(d) Outfall Latitude: _____ Longitude: _____
Accuracy: _____ Method: _____ Datum: _____ Scale: _____
Description: _____

(e) Section: _____ Township: _____ Range: _____

(f) Receiving Stream: _____

(g) Flow (actual or projected): _____ MGD

(h) Type of treatment: _____

9. Outfall Type : 103 (daily avg flow > 1 MGD)	
(a) Number of Outfalls of this type:	<i>None</i>
(b) Stream Segment:	<i>N/A</i>
(c) Hydrologic Basin Code:	<i>N/A</i>
(d) Outfall Latitude: _____ Longitude: _____ Accuracy: _____ Method: _____ Datum: _____ Scale: _____ Description: _____	
(e) Section: _____ Township: _____ Range: _____	
(f) Receiving Stream:	
(g) Flow (actual or projected): _____ MGD	
(h) Type of treatment:	

11. Facility has Individual NPDES Permit: (circle one) YES NO

Permit Number: _____ (If YES, the operator or individual named in this Notice of Intent specifically requests termination of the NPDES Permit listed herein upon the effective date of coverage under this general permit.)

12. Construction Permit Number (if applicable) *N/A* Date issued *N/A*

13. Applicant has previously submitted, or has on file with this Department, a complete Disclosure Form as required by Act 454 of 1991:

If YES, date submitted: *7-6-04* Division: _____ If NO, Submit a Disclosure Form.

CERTIFICATION STATEMENT

"I certify that, if this facility is a corporation, it is registered with the Secretary of the State of Arkansas."

"I certify that the cognizant official designated in this Application is qualified to act as a duly authorized representative under the provisions of 40 CFR 122.22(b). If no cognizant official has been designated, I understand that the Department will accept reports signed only by the Applicant. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

Typed or Printed Name:

Title:

Steve Miller

Mayor

Signature:

Date:

Steve Miller

3-8-06

ADDITIONAL INFORMATION

1. Additional location description:

2. Additional Comments:

